STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155072	A. BUILDING 00 B. WING	07/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEECH GROVE MEADOWS	2002 ALBANY ST BEECH GROVE, IN 46107

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F0000	This visit was for the Investigation of Complaint IN00112795. Complaint IN00112795 substantiated, federal/state deficiencies related to the allegations are cited at F323, F441, and F514. Survey dates: July 24 & 25, 2012 Facility number: 000029 Provider number: 155072 AIM number: 100275200 Team: Joyce Hofmann, RN Census bed type: SNF/NF: 123 Residential: 18 NCC: 11 Total: 152 Census payor type: Medicare: 28 Medicaid: 81 Other: 43 Total: 152 Sample: 6 These deficiencies also reflect state findings in accordance with 410 IAC	F0000	The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after August 3, 2012.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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	16.2. Quality review completed 7/26/12 Cathy Emswiller RN			

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F0323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure a resident's alarm was secured properly to alarm staff to help prevent a resident from having received repeated falls for 1 of 3 residents reviewed for falls in a sample of 3. [Resident #C] Findings include: Resident #C's closed clinical record was reviewed on 07/24/12 at 11:40 a.m. Resident #C had diagnoses which included, but were not limited to, vascular dementia with delusions, gout, urinary incontinence, chronic obstructive pulmonary disease, and arthritis. Resident #C's most recent Minimum Data Set [MDS] assessment dated 06/29/12 indicated the resident was moderately cognitively impaired with daily decision making skills, needed extensive assist of 1 bed mobility, extensive assist of 2 persons for transfers, and was ambulatory per wheelchair.	F0323	F323 FREE OF ACCIDENTS HAZARDS/SUPERVISON/DEVICES It is the practice of this facility to ensure that residents who have an order for any type of personal safety alarm is attached and fully operational. What corrective action(s) will be accomplished for those resident found to have been affected by the deficient practice? Resident C no longer resides at facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. Audits were performed to ensure proer placement and function. What systematic measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? The nursing staff has been re-educated via inservice, conducted by DNS on 7/31/2012. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Charge nurses will perform an	08/03/2012

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	Review of Physician Telephone Orders dated 05/03/12 indicated to discontinue personal safety alarm, clip alarm to w/c, and up with assist of 1-2 people. Review of Resident #C's progress notes/weekly summary dated 05/25/12 at 12:54 a.m. indicated, "... Alarms utilized to bed and wc [wheelchair] at all times to alert staff of unassisted transfers or ambulatory attempts. Often disengages or removes devices...." Review of Progress notes dated 06/02/12 indicated the resident was able to transfer from bed to wheelchair with staff assist of 1. "Reminders needed by staff to assist with ADLs [Activities of daily living] and use of call light. ... Forgetful often - reminders and 1:1 given with good effect...." Review of an Emergency Resident Transfer Form dated 06/04/12 indicated Resident #C had fallen. Review of the progress note dated 06/04/12 at 12:45 a.m. indicated, "Resident observed on floor of bathroom. resident alert et [and] verbally responsive but pale in color. PEARL [Pupils equal and reactive to light]. Skin warm to touch. No apparent injury noted.		audit for placement and function of personal alarms, every shift. Rounds will be performed by Unit Managers M-F and by the weekend supervisor Saturday and Sunday to ensure placement and function of personal alarms. The DNS or designee will perform an audit weekly for four weeks, then bi-monthly for two months, and then monthly for 3 months. If below 95% compliance, and new action plan will be developed.	

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	Resident observed to have pitting edema to BLE [bilateral lower extremities] et lymphedema to BUE [bilateral upper extremities]. Resident dinied [sic] having pain upon observation et assistance to bed...." The notes indicated the doctor and family were notified and the family requested the resident to be sent to the hospital. The above note did not indicate if the resident's alarm was sounding or not. Review of the Fall Event dated 06/04/12 indicated the fall was unwitnessed, the resident was transferring self unassisted, found lying on left side, shoes were off, is on anticoagulant, resident stated she does not remember how fall occurred, poor lighting, and the intervention put into place to prevent another fall was "Personal Alarm to bed. Check for placement et function q [every] shift. Change battery 3rd wed [sic] of the month." Physician Telephone Orders dated 06/21/12 indicated to discontinue all current personal alarms and place pressure sensor chair and bed alarms - nurse to check placement and function every shift. Review of a Fall Event dated 06/23/12			

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	indicated another unwitnessed fall. The Fall Event indicated the resident was in her room laying in bed prior to the fall, was first observed lying on floor to right side of bed, and with shoes on. The resident complained of pain in her right knee, had a left elbow shearing 2.3 cm. x 1.6 cm. area which was cleansed and bacitracin and dressing applied. The resident had swelling in her right lower hip and ice was applied. The resident complained of severe right knee pain and pain medication was administered and an order was place for x-ray. Interventions put into place to prevent another fall was bolsters to bed, neuro assessments as protocol for unwitnessed fall, and encourage out of room activities as tolerated. Again, documentation was lacking in regards to any alarm sounding to alert staff. Progress notes dated 06/25/12 at 3:02 a.m. indicated the resident had extensive bruising to external oral cavity extending distally to chin, dark purple in shading with a scabbed cut to above cleft of chin and darker hued reddened discoloration to bottom lip. The notes indicated "bed and chair alarms utilized at all times to alert staff of unassisted transfers or ambulatory attempts. Placement and proper			

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	functioning assessed qs [every shift] per nursing staff." Progress notes dated 06/27/12 indicated, "Drsgs [Dressings] to right and left elbow dry and intact. No drainage noted. Brusing and swelling remain to lower lip/chin. Abrasion remains to right knee...." Resident #C's care plan for "Resident is at risk for fall...." with problem start date of 04/12/12 indicated Approaches which included, but were not limited to, "PBA will check placement and function Q [every] shift" dated 03/22/12; "Resident had pull tab alarm to wheelchair. PBA also, check placement and function q shift" dated 04/23/12; "Keep safety alarms out of resident's reach" dated 04/23/12; "Resident is a 1-2 person assist with transfers" dated 04/24/12; and "Bolsters to bed check placement and function Q shift" dated 06/26/12. This federal tag is related to Complaint IN00112795. 3.1-45(a)(2)			

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F0441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure	F0441	F441 INFECTION CONTROL, PREVENT SPREAD, LINENS It	08/03/2012

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	staff performed proper handwashing to help prevent the development and transmission of infection for 1 of 3 observed treatments observed for infection control in a sample of 3. [LPN #2 and Resident #E] Findings include: Resident #E was observed for treatment to her right lower extremity shin area on 07/25/12 at 3:55 p.m. LPN #2 performed the treatment to the resident. LPN #2 was observed to wash her hands, don gloves, pulled the resident's pants up on her right leg to her knee and pulled down her stocking. LPN #2 removed her soiled gloves, donned new gloves, and cleansed the area with body wash and a wet towel. LPN #2 changed her gloves, applied house barrier cream to the affected area on the right shin, changed gloves, and wrapped the area with kerlix, cut the kerlix with scissors, and secured the kerlix with tape. LPN #2 dated and initialed the dressing. LPN #2 gathered the soiled bags of trash and linens, placed the scissors in her pocket and indicated she was going to take the bags across the hall and dispose of them and would be right back. LPN #2 returned to the resident's room and washed her hands. After observing LPN #2 place the soiled		is the policy of this facility to have, maintain and practice an effective infection control program. What corrective action(s) will be accomplished for those resident found to have been affected by the deficient practice? LPN #2 was immediately re-educated on infection control and procedures. A skills validation for hand washing was provided to staff with return demonstration. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents, staff and visitors have the potential to be affected by the alleged deficient practice. An inservice was conducted by the DNS on 7/31/2012 for staff. What systematic measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? Nurses were inserviced on 8/3/2012 by the Regional Clinical Consultant and DNS, and provided information on the location of all ASC Policies and Procedures; Which have been loaded to computers at all nurses stations for immediate accessibility. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The ADNS or designee will perform the wound dressing/skin management CQI	

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	scissors in her uniform pocket, LPN #2 indicated during interview at this time that she cleans the scissors with alcohol wipes and indicated she had cleaned them before entering the room. Interview with the Director of Nursing on 07/25/12 at 4:40 p.m. indicated the Dressing Change Skills Check list was their policy. This checklist was dated 7/2011. The checklist indicated to perform hand hygiene, put on gloves, cleanse wound, remove gloves, perform hand hygiene, put on gloves, apply dressing, date and initial dressing remove gloves, tie trash receptacle or disposable bag, wash hands, provide comfort measures call light and water, take trash and exit room, dispose of trash in soiled utility room, wash hands, and document pertinent information. LPN #2 failed to wash her hands between glove changes and before exiting the resident's room with the soiled bags. This federal tag is related to Complaint IN00112795. 3.1-18(l)		audit once per week for four weeks, bi-monthly for two months, then monthly for 3 months. Skills validations will commence for anyone not 100% compliant.In addition, the ADNS or designee will monitor a minimum of one wound dressing change per week, for four weeks.	

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F0514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on interview and record review, the facility failed to ensure staff accurately document/assess a resident's skin condition on a weekly skin condition assessment and on an Emergency Resident Transfer Form prior to transfer to a hospital for 1 of 3 residents reviewed for pressure sores in a sample of 6. [Resident #C] Findings include: Resident #C's closed clinical record was reviewed on 07/24/12 at 11:40 a.m. Resident #C had diagnoses which included, but were not limited to, vascular dementia with delusions, diabetes, psoriasis, dermatitis, and candidal dermatitis.	F0514	F514RECORDS- COMPLETE / ACCURATE/ ACCESSIBLE It is the practice of this provider to maintain clinical records for each resident. This record is to include, but is not limited to, a record of the resident's assessments, the plan of care, and services provided. What corrective action(s) will be accomplished for those resident found to have been affected by the deficient practice? Resident C no longer resides at facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice.An inservice was conducted by the DNS for the entire staff on 7/31/2012. What systematic measures will be put into place or what systemic	08/03/2012

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	Resident #C's progress notes/weekly summary dated 05/25/12 indicated the resident was incontinent of bowel and bladder at times with peri care rendered with each incontinent episode. Noncompliant with turning and repositioning per protocol. Resident able to make slight repositions in bed independently. Review of a Weekly Skin Assessment dated 06/02/12 indicated the resident had only bilateral lower extremity [BLE] discoloration below bilateral knees, +1 edema in BLE, and skin warm and pink. An Emergency Resident Transfer Form dated 06/04/12 at 12:25 a.m. indicated the reason for transfer was a fall, weakness, pale, and bilateral upper and lower extremity edema. The resident's skin condition at time of transfer was "redness to abd [abdominal] fold." Progress note dated 06/04/12 at 12:45 a.m. indicated the family requested the resident to be sent to the hospital. Review of hospital records dated 06/04/12 indicated a pre-existing unstageable right buttock pressure sore with jagged edges which were white, yellow, pink, and brown/black with the wound bed having been brown, slough,		changes will you make to ensure that the deficient practice does not recur? Prior to transferring a resident, the charge nurse will perform a skin assessment which will be added to the transfer form. The transfer form will be reviewed for completeness by separate charge nurse prior to transfer. An inservice was conducted by the DNS for the entire staff on 7/31/2012. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Daily, during morning clinical review, all transfers will be reviewed the following business day by the nursing management team. Any deficient practices will be noted, and the staff involved in the transfer will be personally re-educated. This will continue for a minimum of 6 months, until we have two consecutive months of deficient-free transfers. Also, CQI audit tools will be utilized and reviewed quartely.	

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	and yellow, and measured 2 centimeters [cm] in length, 3.5 cm. in width, and 100% slough, with scant amount of serosanguineous drainage. Interview with LPN #1 on 07/25/12 at 2:45 p.m. indicated she was the one who send Resident #C out to the hospital on 06/04/12 after her fall. LPN #1 indicated they do a thorough assessment before they send the resident out. LPN #1 indicated she did not see any areas on Resident #C's buttocks. Resident #C returned to the facility on 06/10/12 and was in respiratory distress and returned to the hospital. The Emergency Resident Transfer Form dated 06/10/12 indicated the skin condition at the time of transfer as, "Stage 3 L [left] buttock, Skin tear R [right] arm, various bruising BUE [bilateral upper extremity], and abdomin [sic], redness abdominal fold." Resident #C's care plan for "Potential for skin breakdown...." with start date of 09/30/11 indicated Approaches which included, but were not limited to, "...CNA to do skin check with shower and notify LN [licensed nurse] of abnormals ... Weekly skin checks by LN." The facility's Hospital Discharge/Transfer			

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	policy dated 6/2012 indicated, "... The charge nurse will complete a thorough physical assessment including skin integrity ...." This federal tag is related to Complaint IN00112795. 3.1-50(a)(2)			